

STEVENSON-CARSON SCHOOL DISTRICT #303
REPORT OF APPROVED SPECIAL PROGRAMS

CERTIFIED ONLY

Name _____

Program (mark the correct one, add your building code*)	Notes / Details / Comments
_____ Class overload 0100.27.2150. _____	_____
_____ MTSS Academic Team/TPEP 5803.31.2130. _____	_____
_____ PreK-K Collaboration 0100.31.2130. _____	_____
_____ Monthly Data Meetings (MDM) 5279.31.2130. _____	_____
_____ Building Leadership Team (BLT) 5278.31.2130. _____	_____
_____ PD (state funded days) 0100.34.2130. _____	_____
_____ Loss of prep 0100.27.2130. _____	_____
_____ IEP/504/CAT/SAT 0198.27.2130. _____	_____
_____ Other** ____ . __. 2130. _____	_____

*Building codes:	SES – 2682	**Grants to use for Other:	Title I 5100
	CES – 2882		Title II 5279
	WRMS – 3800		TPEP 5803
	SHS – 3119		LAP 5500

Date(s) of activity _____ Number of total hours _____
 one month per form for audit purposes round to the nearest 15 minutes
 (15 min = 0.25, 30 min = 0.5, 45 min = 0.75)

Rate of pay (mark the correct one)

_____ Class overload _____ # of students over \$175.00 per student

_____ Curriculum (mtgs/add'l time beyond state days) _____ (rate inputted by payroll)

_____ Per Diem (state funded days, add'l instructional time) _____ (rate inputted by payroll)

**If you are unsure which rate of pay to mark, leave it blank and payroll will complete it.

Employee Signature _____ Date _____

Principal Signature _____ Date _____